OMB Number: 4040-0004 Expiration Date: 04/31/2012

Application for Federal Assis	stance SF-424		Version 02
*1. Type of Submission	*2. Type of Application	*If Revision, select appropriate letter(s):	
☐ Preapplication	✓ New		
✓ Application	Continuation	* Other (Specify)	
☐ Changed/Corrected Application	Revision		
*3. Date Received:	4. Application Identifie	r:	
5a. Federal Entity Identifier:	*5b. Fe	deral Award Identifier:	
State Use Only:	I		
6. Date Received by State:	7. State	Application Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name: St. Regis Moha	awk Tribe		
* b. Employer/Taxpayer Identifica 16-1007650	tion Number (EIN/TIN):	*c. Organizational DUNS: 79-781-6647	
d. Address:			
*Street1: 412 State Route 37			
Street 2:			
*City: Hogansburg			
County: Franklin			
*State: New York			
Province:	*7:	o/ Postal Code: 13655-3109	
Country:		o/ Postal Code: 13655-3109	
e. Organizational Unit: Department Name:		Division Name:	
I -			
Environment Division		Environment Division	<u> </u>
f. Name and contact information of	fnarsan ta ha contacted on	matters involving this application	
Prefix: Mr.	First Name		
Nild le Name:	1 Hat I will	· Keli	
*Last Name: Jock			
Suffix:			
Title: Director, SRMT Environn	nent Division		
Organizational Affiliation:			
*Telephone Number: 518.358.593	37 Fax	Number: 518.358.6252	
*Email: ken.jock@srmt-nsn.gov			

Application for Federal A	ssistance SF-424	Version 02
16. Congressional Districts Of:	NY-023	
*a. Applicant NY-023	*b. Program/Project: NY-023	
Attach an additional list of Progra	am/Project Congressional Districts if needed.	
17. Proposed Project:		
*a. Start Date: 1/1/2006	*b. End Date: 12/31/2010	
18. Estimated Funding (\$):		
*a. Federal	\$3,813,669.00 *d. Local	
*b. Applicant	*e. Other	
*c. State	*f. Program Income	
*d. Local	*g. TOTAL	
	\$3,813,669.00	
*19. Is Application Subject to R	Review By State Under Executive Order 12372 Process?	
b. Program is subject to E.O. 1 c. Program is not covered by F*20. Is the Applicant Delinquent	available to the State under the Executive Order 12372 Process for review on 12372 but has not been selected by the State for review. E.O. 12372 On Any Federal Debt? (If "Yes", provide explanation.)	
☐ Yes ✓ No		
herein are true, complete and accumulate with any resulting terms if I accept	certify (1) to the statements contained in the list of certifications** and (2) tha urate to the best of my knowledge. I also provide the required assurances** an pt an award. I am aware that any false, fictitious, or fraudulent statements or clarative penalties. (U.S. Code, Title 218, Section 1001)	d agree to comply
✓ **I AGREE		
** The list of certifications and ass agency specific instructions.	surances, or an internet site where you may obtain this list, is contained in the	announcement or
Authorized Representative:		
Prefix:	*First Name: James	
Midd le N ane.W.		
*Last Name: Ransom		
Suffix:		
*Title: Tribal Chief		
*Telephone Number: 518.358.		
*Email: jransom@srmt-nsn.q		
*Signature of Authorized Represe	entative: Joseph Date Signed: 5/25/10	
	(

OMB Number: 4040-0004 Expiration Date: 04/31/2012

Application for Federal Assistance S	SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	I. Indian/Native American Tribal Government (Federally	Recognize
Type of Applicant 2: Select Applicant Type:		
	- Select One -	
Type of Applicant 3: Select Applicant Type:		
	- Select One -	
*Other (specify):		
*10. Name of Federal Agency: USEPA		
11. Catalog of Federal Domestic Assistance Nu	mber:	
CFDA Title:		
*12. Funding Opportunity Number:		
*Title:		!
13. Competition Identification Number:		
Title:		
		·
14. Areas Affected by Project (Cities, Counties	s, States, etc.):	
St. Regis Mohawk Indian reservation,	Akwesasne, NY 13655, Franklin County	
*15. Descriptive Title of Applicant's Project:		-
Performance partnership Grant (PPG)		
Attack gramouting decrees to the second	d in against instructions	
Attach supporting documents as specifie	u in agency instructions.	

OMB Number: 4040-0004 Expiration Date: 04/31/2012

Application for Federal Assistance SF-424	Version 02
*Applicant Federal Debt Delinquency Explanation	**
The following field should contain an explanation if the Applicant organization is delinquent number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage	nt on any Federal Debt. Maximum returns to maximize the availability of
space.	

OMB Approval No. 0348-0044

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Previous Edition Usable

Standard Form 4244 (Dev 4-2012) Page 2	2+	luction	Authorized for Local Reproduction	Au	
					23. Remarks:
		Indirect Charges:	22. Indire		21. Direct Charges:
		FORMATION	SECTION F - OTHER BUDGET INFORMATION	SECTION	
	Ę	6	U		20. TOTAL (sum of lines 16-19)
es .	A	A			19.
					18.
					17.
\$ 611,747.00	\$ 863,981.00	\$ 667,701.00	\$ 738,101.00		16.
(e) Fourth	(d) Third	(c) Second	(b) First		
	FUNDING PERIODS (years)	FUTURE FUI			(a) Grant Program
		EDED FOR DALLA	F REDEKAL FUNDS NE.	SECTION E - BUDGET ESTIMATES OF REDEKAL RUNDS NEEDED FOR EXTENSE	SECTION E - I
	CE OF THE PROJECT	TOP BALVA	TOTAL TENENTS NO.		ACC I Common of the common of
↔	€\$	69	₩	64	15 TOTAL (sum of lines 13 and 14)
					14. Non-Federai
\$232,139.00	\$230,000.00	\$235,000.00	\$235,000.00	\$932,139.00	
4 th Quarter	_	2 nd Quarter	1 st Quarter	Total for 1 st Year	13. Federal
		SH NEEDS	SECTION D - FORECASTED CASH NEEDS	SECTIO	
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(e) TOTALS	(d) Other Sources	(c) State	(b) Applicant		(a) Grant Program
		SOURCES	SECTION C - NON-FEDERAL RESOURCES	SECTIO	